

Asbestos Abatement Plan Submittal Form

To be completed prior to project by the abatement contractor



Date:		Date Work to Begin:		End Date:	
Name of Abatement Firm & License No.:					
Name of Firm's Representative:			Phone:		Email:
Name of Independent IH Firm:			Phone:		Email:
LOCATION					
Building:		Room:		Area:	
LOCATION DESCRIPTION					
Description (including asbestos application):					
STORAGE AND DISPOSAL					
Interim Storage Location:			Name and Address of Final Waste Disposal Site:		
AIR SAMPLING					
Personal		Inside Containment		Clean Room	
				Contiguous	
AMOUNT TO BE ABATED		CLASSIFICATION		TYPE OF ABATEMENT	
Square Feet: _____		OHSA Class I		Encapsulation	
Linear Feet: _____		OHSA Class II		Removal	
		OHSA Class III		Closure	
NOTIFICATION PERFORMED					
MDE (10 working days prior to start)			Region III EPA NESHAPS		
Did NOT notify because project involves <10 sq. ft. or <20 linear feet					
Engineering Controls			Calculation For Total Number of NPE		
Gloves Bags #: _____			L () W () H () /CFM () (15min) = _____		
Critical Barriers			x 1.1 (10% Backup) Total = #: _____		
Negative Air Machines			HEPA Filters _____ Wet Methods _____		
Negative Pressure Enclosure (NPE)					
PERSONAL PROTECTIVE EQUIPMENT					
Mask		Filter	Boots	Gloves	Suits
1/2 Face		P-100	Rubber Steel Toe		
Full Face		Other			
Full Face PAPR		Other:			
Full Face SBCA					
Full Face Airline Type C					
Disposable Filtering Face-Piece/Dust Mask Respirator					
DECONTAMINATION					
3 Stage with Shower #:		Remote Shower #:		2 Stage #:	
				Bag Out #:	
CLEARANCE/SAMPLE TYPE					
Clearance Type		Sample Type			
Aggressive		All Clearances Must Have 5 Samples > 1200 liters. TEM (required if Class I asbestos work & > 260 Linear Ft or 160 Sq. Ft) PCM			
Passive (Glove Bags Up to 10)					
N/A (Small Scale, Short Duration)					
Instructions To Asbestos Abatement Contractor:					
1. Provide this completed form to the GSFC IHO, ccing FMD Project Manager, at least 5 days prior to starting work. Only complete submittal packages (this form, abatement plan & map, and transmittal sheet with the FMD PM's name) will be reviewed by the IHO.					
2. Map must include approximate room dimensions, critical barriers, and location of negative air machines, decontamination units, & samples.					
3. FMD PM will forward official submittal package to IHO; IHO will notify FMD PM & FAC of the plan's approval/disapproval.					
4. Submit post abatement report & clearance results within 10 days of completion, and waste shipment record within 30 days.					
IHO Contact Information: Phone: 301-286-6669; GSFC, Bldg 97, Greenbelt, MD 20771					
SIGNATURES					
Contractor Representative (Printed):			Signature:		Date:
Approved (Compliance with GPR 1840.1)			Signature (IHO Representative):		Date:
Rejected					